

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

TELEPHONE: (916) 323-5079

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES
VEHICLE DONATION PROGRAM

2004 2002 ANNUAL FINANCIAL REPORT
(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1.

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fund-raiser: 513 CAR PROGRAM LLC 3755 OMEC CIRCLE # 4 RANCHO CORDOVA, CA 95742	Name and Address of Charitable Organization: CT No. <u>8455</u> F.E.I.N. No. _____ Name <u>Marjaree Mason Center-</u> <u>Pamela Kallsen</u> Address <u>1600 M St.</u> <u>Fresno, CA 93721-</u> City, State, and ZIP Code of Charity _____
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CAR DONATIONS

(Type of Activity)

held (on) (from)

JANUARY 1, 20 04

to DECEMBER 31, 20 04

(Date or dates must be shown)

1.

REVENUE

- A. Car/Truck Sales
B. Boat Sales
C. Real Estate Sales
D. Other sources: (Specify)

a. _____
b. _____
c. _____
d. _____

9414.15 A.
____ B.
____ C.
____ Da.
____ Db.
____ Dc.
____ Dd.

E. TOTAL REVENUE

9414.15 ✓ E.

2. EXPENSES

- A. Fees or commissions
B. Salaries
C. Payroll taxes
D. Employee benefits
E. Towing
F. Vehicle repairs
G. Parts
H. DMV Fees
I. Appraisals
J. Detailing
K. Advertising
L. Telephone

M. Other expenses: (Specify)

a. ADMIN FEES & INTERNET EXP.
b. _____
c. _____
d. _____

1288.13 A.
____ B.
____ C.
____ D.
2222.38 E.
____ F.
____ G.
____ H.
____ I.
520 J.
____ K.
____ L.
2378 Ma.
____ Mb.
____ Mc.
____ Md.

N. TOTAL EXPENSES

6408.51 N.

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3. Distribution or net to charitable organization or charitable purposes 3005.64 3. ✓
4. Less additional expenses relating to operation of vehicle donation program paid by charity _____ 4
5. Total Amount charity realized from operation of vehicle donation program _____ 5.
6. (a) Is any officer, director, partner or owner of the Commercial Fund-raiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?
☐ Yes ☒ No If "yes," complete the following:

Name of officer, director, partner or owner of commercial fund-raiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

- (b) For each affiliation identified in 6(a), attach copy of the contract between the commercial fund-raiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and believe it is true, correct and complete.

Taron Reeves Member Mgr. 4-18-05
 Printed Name Title Date

ganization for verifying the distribution.

PAMELA KAUSEN Executive Director 4/8/05
 Printed Name Title Date

RICHARD R ALVES BOARD MEMBER 4/12/05
 Printed Name Title Date

RECEIVED
 APR 9 5 2005
 Secretary General's
 Registry of Charitable Trusts